



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
DE SANTIS ET AL.

Serial No. 10/728,372

Filing Date: DECEMBER 4, 2003

For: NON-VOLATILE MEMORY CELL
SENSING CIRCUIT, PARTICULARLY
FOR LOW POWER SUPPLY VOLTAGES
AND HIGH CAPACITIVE LOAD VALUES

TRANSMITTAL OF FORMAL DRAWINGS

Mail Stop: PGPUB-Drawings
Commissioner for Patents
Alexandria, VA 22313-1450

Sir:

Enclosed are four (4) sheets of formal drawings to be
filed in the above-identified patent application.

Respectfully submitted,

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CERTIFICATE OF MAILING

I hereby certify that this correspondence is being
deposited with the United States Postal Service as first class
mail in an envelope addressed to: Mail Stop: PGPUB-Drawings,
Commissioner for Patents, Alexandria, VA 22313-1450, on this
12th day of January, 2004.

Case No. 02AG34153418



**MS AMENDMENT
COMMISSIONER FOR PATENTS
P.O. BOX 1450
ALEXANDRIA, VA 22313-1450**

In re Application of: **DE SANTIS ET AL.**

Serial No.: **10/728,372**

Confirmation No.: **6381**

Filed: **DECEMBER 4, 2003**

For: **NON-VOLATILE MEMORY CELL SENSING CIRCUIT, PARTICULARLY FOR LOW
POWER SUPPLY VOLTAGES AND HIGH CAPACITIVE LOAD VALUES**

Sir:

Transmitted herewith is an amendment in the above-identified application.

☐ Applicant qualifies as a small entity under 37 CFR § 1.27.

☒ No additional fee is required.

The fee has been calculated as shown below:

FOR:	(Col. 1)	(Col. 2)	(Col. 3)	SMALL ENTITY		LARGE ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	FEE	RATE	FEE
TOTAL CLAIMS		20		X25	\$	X50	\$
INDEPT CLAIMS		3		X100	\$	X200	\$
				TOTAL ADD'L FEE		TOTAL ADD'L FEE	\$

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment of the number of claims originally filed.

☐ Enclosed is our check in the amount of \$____. The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.

☒ The Commissioner is hereby authorized to charge or credit any discrepancies in fee amounts to Deposit Account No. 01-0484.

☒ PLEASE ADDRESS ALL CORRESPONDENCE TO ATTORNEY OF RECORD: CHRISTOPHER F. REGAN

☒ Please associate this application with Customer No. **27975**.

December 28, 2004
DATE

MICHAEL W. TAYLOR
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